Transcript to 86min mp3 Lead me in your truth- An interview with Sasha Latypova

Welcome to our channel, Refugee of Sinners. Today, we have Sasha Ladipova. How are you, Sasha? Hi. Good.

Good, Elizabeth. Thank you very much for inviting me. Thank you for coming. Sasha holds a graduate degree in business from Dartmouth College and is a retired pharmaceutical industry research and development executive with twenty five years of experience in conducting clinical trials. Sasha, you retired from your work in the pharmaceutical industry before the COVID nineteen period began.

Can you tell us a little bit about the type of work you were doing in the pharmaceutical industry and why you started looking at this COVID situation in twenty twenty. Mhmm. Yeah. I worked in pharma almost all my career, in various roles. So in pharma industry, I never worked actually at a pharmaceutical company, but I worked to I worked at various types of contractors, you know, both dealing with IP and law and economics, and then eventually started working in clinical trial space.

And I owned and managed several of my own companies, running different types of clinical trials. We we run, first, we run imaging clinical trials in mostly in oncology, but also musculoskeletal diseases. And then, later on, I switched to safety, cardiovascular safety monitoring. And, so so we were, again, like, running cardiovascular safety studies for drugs. I never worked in vaccines.

And, the you know, so the people don't really know what what that is, but it's a huge industry. Pharmaceutical companies don't do anything themselves, really. And they used to have early stage, let's say, bench signs and then and they used to have their own animals facilities, animal studies. Even, you know, while I worked there, a bunch of companies still have their own what's called phase one units, which is, where they do first in human studies. But they, even, you know, during early two thousands, they basically got rid of all of that and outsourced it all to contractors.

And I was running one of the contractors, a contract research organizations. It's it's similar if you, you know, build in a huge, let's say, conference center. There's an architect, but then you have numerous numerous companies, contractors actually building it. And so that's I'm I'm a contractor. And our job was not not just to do it, but also do it to the regulation.

So we were responsible for being in compliance at all time and be able to pass an audit both by the FDA and by the pharma company, the who hired us, audit for compliance with pharmaceutical regulations, good manufacturing practices, good clinical practices, good distribution practices, and, quality systems and all that. So I was acutely aware of all these regulations, having to comply with them for so many years. And, you know, the reason I started getting suspicious with COVID well, first of all, I don't watch TV. I we don't have TV. You know?

So I I never watched the news. They always seem stupid to me and very cringe, and and it's just a waste of time. So, you know, just like the Amish, you know, I was like, COVID? What COVID? I don't see any COVID.

There is no nobody is sick around me. I still actually don't know a single person who died of COVID, so after all these years. So at the time, I wasn't worried at all. And, but then I I became, kind of suspicious and eventually very, very concerned when the public health officials started suppressing hydroxychloroquine. And, I knew how, actually, blatantly, they were blatantly lying about the drug because I was familiar with the drug.

The, saying that they were trying trying to smear hydroxychloroquine with which is cardiovascular arrhythmia abnormalities, that happened to be my area of work. So that was that was the only thing my last company was focused on is that, You know, how to how to study drugs for their potential to cause arrhythmia. And I knew for sure hydroxychloroquine didn't have that problem, especially, you know so you could say, you know, you should maybe be concerned if you're taking hydroxychloroquine chronically for life, like it's prescribed for autoimmune diseases, for example. So it's if you're taking it for life, okay, maybe you should monitor yourself every now and then. But if you're taking it for ten days, that's not an issue at all.

That's all. So and when all the public health officials, including high level, officials at FDA would go on TV, go on, like, you know, social media and start saying these things about hydroxychloroquine. I was like, woah. You know? And I knew that they knew that they were lying.

There's no way they didn't know this. And so I I was like, that was a big red flag for me, and I started, you know, being very concerned and started looking into the data for myself. And, you know, it's just I'll just pop in there. One one other thing, though, with the hydroxychloroquine is dosage matters as well. So one of those trials, the dosage they gave us patients was ridiculously high.

Oh, yeah. They overdose dosed them. So, starting dose for hydroxychloroquine is, you know, maybe two hundred milligrams to four hundred milligrams. They were giving them four thousand. Yeah.

That's at least that's that's above, the least all dose, and I think they were doing it on purpose. They would they were overdosing them. Yeah. Those patients died too. So that's just not a it's terrible.

But sorry, distracted you. Then the next thing after the hydroxychloroquine, the maybe for you, the next red flag was, I think you, I know you've heard you say something about documents at the EMA with respect to the testing, and other things with the Pfizer products. Yeah. Yeah. Well, so, my first analysis was I was looking at various data because it's it's the only publicly available dataset, so it was available to me.

And I was looking at VAERS, and I was the first person who identified the batch variability issue. Right. And so and then I was, I also got in touch, there was another person in the UK, Craig Paradis Cooper, who was, you know, also you know, he's a p a PhD and was a student of pharmacy, and he started looking into this as well. And then we kind of he did analysis, and I did analysis, and we got, in touch by email. And we started collaborating since then.

So he put together this, website. You probably know, how bad is your batch. Mhmm. And so we we collaborated on that website for for quite some time, about a year. Okay.

And I contributed my analysis. There were a number of, other tools, probably four or five of us who were working on it more, you know, right on regular basis. And, yeah, so we identified this huge batch variability issue. And, subsequently it was confirmed by many independent researchers, most recently Danish colleagues Max Schmeling and Vivek Maniche. So they published actually in peer review, Danish data and they showed the same thing, huge variability.

There's also a French researcher, Harvey Seligman, and he published also a similar analysis. So it's it's undeniable that the these batches had huge variability in terms of, toxicity profiles in addition to all of them being extremely, like, large on adverse events and deaths. So, that in itself, you know so when I saw that, I knew right away because I'm I'm experienced with this and I know how regulators look at this data. I knew right away these products were not good manufacturing practice compliant. So that was my conclusion, about October twenty twenty one, so when enough data became available.

About October twenty twenty one, I was I knew for sure they were not good manufacturing practice compliant. And I thought it was a huge pro you know, I know it's a huge problem. And I thought this was, oh, okay. Well, we can stop it now because this is, you know, clear evidence of breaking, manufacturing breaking pharmaceutical law. Yeah.

You know? So I wrote letters to the FDA. I wrote letters to, you know, CDC and FDA, numerous times. I, senator Johnson from Wisconsin contacted me, and he, took my data and wrote several also oversight congressional oversight letters to the FDA, CDC from surgical companies. They remained unanswered for a long time.

They eventually kinda brushed him off, never answered them correctly. You know, so that was that data was brought to them over and over and over by many, many people. Not not just the batch vulnerability, but various data, obviously. It was always you know, lots of people were screaming at them, and they never did anything. So they know for sure this product is killing people.

They know for sure the manufacturers are not manufacturing compliant, yet they do nothing. And it's not just the US regulators. All of the regulators. You know, TGA did the same thing. Health Canada did the same thing.

EMA did the same thing. They just deny deny deny, brush everything off, and not do do not do any pharmaceutical enforcement action. So that to me was, you know, unexplainable for a while. And then, it's, at some point, I think at the end of twenty twenty one, Mikey then sent me that package of leaked documents from the EMA. And there was a lot of there was maybe eight or nine hundred pages of documentation, various, various documents, and about a dozen of emails between the, regulators, including EMA, MHRA, which is a UK regulator, and FDA.

And, you know, it was obvious that right around the process, the emails leaked out. You know, this whole package leaked out, November thirtieth, I believe, of twenty twenty twenty. So just about two weeks before these these products went on the market. And it was very, very clear that at that time, they

were nowhere close to being even a substandard product. They were just it was the most horrible the most horrible, full of holes, product that I've ever seen.

And I might and when I read that, you know, my jaw was on the floor. And I was like, well, I knew that they were not good manufacturing practice compliant because I saw the data. Now I have a confirmation that they were never good manufacturing practice compliant. And, these doc these documents say so. Yet, again, regulators saw it.

This is, so the emails are between the regulators. Documentation that I read, the manufacturing documentation, it was the bulk of it was from EMA regulators themselves. So when you, review when the product gets reviewed by a regulator for approval, there's a huge section which everybody disregards. You know, the public thinks that it doesn't exist, and most of the scientists and doctors have no idea that it exists. But that's actually the number one thing that FDA and every other regulator has to approve is the manufacturing package.

It's chem it's called chemistry manufacturing controls. First, that needs to be done. After that, you can talk about safety and efficacy. Because if you can't manufacture what you say in your manufacturing, who cares about safety or efficacy? We don't know what we're testing.

Right? Yet all the big scientists, all the big doctors, all they talk about all day is safety and efficacy, and nobody looks at the manufacturing. I know. Not just that you can make what you said you would make, that you can make it consistently. Because my understanding time.

Yep. Time. Like, when you go and swallow a Panadol, what you call over there Tylenol, you expect that Panadol to be the same product you swallowed the last time. You're not expecting variability of the content of that panel. Otherwise, you wouldn't take it.

Exactly. In the drug manufacturer to make the same fella every time, the same tablet. Right? Where It's APL, same vial, same everything in minute precise quantities in billions of of, doses. You know?

So it needs to be extremely precise and extremely consistent, well characterized. I was telling you know, I was giving people analogy. You know? Imagine if you go for beer, today, you get a beer, and next week, you go to the same pub and it's a thousand percent different beer. Well, you might be dead, okay, of alcohol poisoning or or maybe it was just water.

You know? Yeah. It wouldn't be good enough. And and and Yeah. So this you're right.

The manufacturing is the big deal. It's the and so you could see in that document that the EMA regulators and this is a document produced November thirty, twenty twenty, the EMA regulators already knew. And this is Pfizer. Yeah. This is Pfizer.

This is Pfizer. So the email regulators already knew that Pfizer was failing in producing a consistent product in manufacturing And, yes, they allowed Pfizer to have their approval to go forward. Yes. Exactly. So so the manufacturing document, there were several of them, and they were going through so

called rolling review, which is is kind of like they made it up for this for this operation work speed process.

Because typically, you don't do roll any reviews. You you do you're not you need to collect all the information, send it to regulators, then the regulators, about your manufacturing process. Then the regulators there are teams that review different aspects of it, and it's very rigorous and prescribed by law in the US how it's supposed to be reviewed. Then everybody signs off that it's it's done. So that document, which was called rolling review, which was was missing about a sort of information that's necessary to have for a review.

And, the further, the, the reviewers from EMA identified about hundred different, what's called, major objections and concerns. Major objection is objection of the reviewer to the approval of the product. So if you have a major objection, that stops the entire entire process. Just one. And they have hundred.

You know? And, and so so and they were and they were huge. Like, the processes were not characterized. They there was no evidence that they were making that spike protein that they were claiming that they were making ever. And they have never demonstrated that they can make it actually.

There's not not a single scientific publication. In fact, there was recently publication showing the opposite, showing that they are making aberrant proteins because of that pseudo uridine, substitution. Apparently, it creates these, you know, skipping the frames and they're making different proteins every time. So how is it that, you know, the the claimed mechanism of action, most important part, claimed mechan mechanism of action is, well, we're gonna give you this mRNA code and your cells are going to make this the specific spike protein for this specific virus or variants. So now they have these boosters for variants.

How do how do you prove that you can do it if you've never demonstrated that you can make one consistent spike protein? So they were measuring instead the amount of antibodies. Right? Is that what you're talking about? They'd measure the antibodies, but they never measured spike protein in the blood of a human?

Right. So so if you are if as a manufacturer, you're claiming a specific mechanism of action, you need to demonstrate it. Yeah. And that's in that manufacturing documentation. So they they were supposed to make, for example, a a cell assay showing that, you know, at least in the cell, you know, ideally, you would do it in an animal model.

But at least in some cell lines, show that you can actually you know, by putting this mRNA in there, it will make this specific spike protein, this Wuhan, whatever you're calling that spike protein, or for o micron or for delta. You know, they're claiming all sorts of variants now. None of this was done. Not only that, we later learned that they faked their western blot, and western blot is one of the, assays that you need to do to characterize those spike proteins that you're making. Well, guess what?

They they faked them. They just computer generated them. They never produced the real images. And even the computer generated ones were showing spike proteins of different way, not not the Wuhan one.

So, I mean, it it's it's as as awful as it gets.

So they never that that was put so in the US, it's completely disregard as I'll explain the the legal framework. But in EMA, they because of the conditional marketing approval, this was a condition of their approval that they will eventually submit that data to the regulators. They never did. Never did. They just abandoned that requirement altogether.

And and so and there were holes like this throughout, throughout the com documentation. When you if you read that as a professional, it's, I mean, to me, it was just awful. And I started, writing and speaking about this, and I published a lot of video presentations. But I'm, you know, I'm a nobody, and I never had a social media presence before. And so, yeah, I published it on Bitchute several you know, I have a, channel there, and I had, you know, few hundred followers.

I was banned on on Twitter immediately because, you know, me speaking about hydroxychloroquine and that that's not right and, you know, I just got kicked off immediately. So I have no presence, and that that's how I was trying to get in. And now I have Substack, so now I have many more subscribers. So, you know, people are following this much more, and I've been on different interviews and podcasts so that the information is getting out. Yeah.

So that gives us an idea why you became interested in this COVID story. Now the interesting thing is, and I'm not sure why you started to delve in this side, but at some point you've met up with Catherine White, who's a paralegal, and she's investigating, all the laws surrounding the emergency authorization in America. So now we're talking about the US. Now I know that you understand the normal because because you're in the US. I'm not sure if I mentioned that at the beginning of the interview, but you're obviously you understand the FDA's normal regulatory pathways for market approval.

So I think you've actually got a slide because I think between yourself and Catherine, you've sat down and you've worked out what's the requirement for a normal investigational drug, product and expanded access use and then this new one, emergency use authorization. So do you wanna pull up that spot instead? Because I think it depends on the pathways. Yeah. Let me put this up.

This is, this is a slide I put together to explain to people. So this took a long time to figure out. I mean, I I haven't figured out the last piece until, you know, very recently, actually. So, what FDA did, they fooled everyone, and especially this was designed to fool professionals. And they so normal so on the on the left hand side here, we have normal regulatory approval described in the US.

I mean, it's it's very similar in in, all other countries. And normal regulatory pathway, to approve something, you need to, open investigational new drug exemption with the FDA. And by opening that investigational new drug exemption as a manufacturer, you declare that your product is investigational. And once you do that, NFG accepts this IND, then you are bound by US pharmaceutical law, which is described in Food and Drugs and Cosmetics Act. And it's huge.

And as I said, it's very, very minute as as how the products are regulated, what are you supposed to do to test them, and what kind of dip you know, so it's numerous, numerous, parts of, you know, huge law.

And, all of it ensures that whatever you get as a consumer, mass produced product, whether it's food or drug, is as we've discussed, you know, it's always the same. It's always always as described on the label, two very, very tight standards of purity and conformity and always the same in every pill, every vial, everything. So, and that's that consistency and quality is maintained throughout from raw material manufacturing all the way through the distribution. So it's it's enormous.

And, you know, so and the manufacturer needs to be in compliance with this law at all times, and especially during your clinical trials. Also, clinical trials, importantly, under IND are highly regulated. There are laws that protect protect human subjects. This requires institutional review board approval and requires informed consent. And you can decline, and, obviously, none of it can be mandated because it's investigational.

In about late nineties, they opened this additional pathway, which is still investigational. So it still complies with all these things that I just described. But in this gray box I'm describing, it's called expanded access use. And expanded access use was for people who were, terminally ill, desperate situations, but couldn't participate in clinical trials, but wanted to get access to investigational new drugs. Let's say if mostly it was for cancer, terminal cancer.

And, that still investigation was called expanded access use, EAU. Okay? And in the industry, it was very frequently colloquially called emergency use because it was kinda easier to say for people. So we all talked about it as emergency use. It it does have emergency use language in it, and so we were all calling it emergency use.

So when FDA started talking about Operation Warp Speed, the we're going emergency issue, emergency use authorization. Everybody, including me, assumed they were talking about this. The gray box. Everyone thought they were talking about the gray box. Yeah.

The gray box. We saw we saw that it was the expanded access use. Yeah. And turns and then we were all shocked and confused why why was in the US they said, oh, you know, if there's EUA, but there's also co communities approved, and they're going to coexist. And I was like, this is this is not possible.

You can't have, you know, investigational and approved at the same time. It's like, you know, you're either you're a visa holder or you're a citizen. Like, you you can't be both, or, you know, you're either married or divorced. You can't be both at the same time. Yeah.

So, and and that was long long time unexplained, but finally, the I got the final piece of evidence is that Doran Fink testimony that we talked about before. And, that confirmed to me that they there's a there's a completely separate piece of law that they're using here. So instead of this being all this investigational, it's actually, a different entire different paragraph of Food and Drugs and Cosmetics Act that they just created and stuck in there. It's called paragraph five six four. And it says that only when there's a, HHS declared health and human services declared public health emergency, then we can issue these EUA countermeasures under public health emergency.

That's a totally different class of thing. These are not and and they did they designated them as noninvestigational. And because they designated them as noninvestigational, investigational, none of this law that normally applies to drugs applies to them. So everything that is illegal for investigational drugs is now fully legal as long as there is a declared public health emergency. And this countermeasures law is actually it's it's, it exists also in five I countries.

So it exists in Australia, and it exists in Europe and UK and and Canada. So, they're using these countermeasures on the public health emergency structure, which allows them to bypass and ignore and not enforce all these pharmaceutical regulations, including importantly good manufacturing practices. So now we know not only these products are noncompliant with cGMP, they're actually legally noncompliant with cGMP because for emergency use countermeasures, good manufacturing practices are not enforced. So the only criteria by which they go on the market in the US is HHS secretary himself thinks that they may be effective. That's it.

And he's a lawyer. So a lawyer thinks that these vaccines may be effective, and that's how they go in the market. There's nothing else that applies. Right. That, five six four law, when I I know you went through this, Catherine.

When did that get made? How long was this been in the making, this this legal framework? Yeah. So the legal framework was being put in place over decades. I don't know exactly when that five six four, par you know, the section was created.

May have been probably after two thousand twelve, maybe even earlier than that, but somewhere up but definitely way before twenty twenty. And and and so so this was put in place over a very long time. Public house emergency law was put in place in the eighties. They you know? So so they they were preparing for this for a long, long time.

Yes. Yeah. I think that's interesting. So they're they're preparing for this emergency use authorization countermeasure from at least two thousand and twelve. Actually, I think from Kathryn Watts interview, she was talking about two thousand and three and two thousand and five being important.

Some sort of bias. That's I I think that's the PREP Act The PREP Act. That she's referring to. Yes. So so in addition to this, countermeasures, you know, EUA countermeasures law, there's in the US, there is what's called PREP Act law, which was put in place specifically to provide immunity liability protection to anyone who is using emergency use countermeasures under public health emergency.

So, that basically absorbs manufacturers from all liability. It it not only manufacturers, but also anybody who works for the for the US government, or as a contractor or health care workers, doctors, nurses, pharmacists, whoever injects people with these things. And not just the vaccines. Everything is a countermeasure under this, remdesivir, all the therapeutics, all the monoclonal antibodies, all the tests and masks even. So everything.

Remdesivir? Yeah. Remdesivir. Yes. So all of them are countermeasures.

There are hundreds hundreds and hundreds of contracts issued by the US government Department of Defense buying these, products and services from various, private companies, and they're all countermeasures, and they all fall under this prep act law. So the prep act law, specifically the way health and human lawyers interpreted and they published numerous letters interpreting this law, they are saying if you kill or injure somebody by this countermeasure, as long as you followed our orders, you do not have any liability. So that's why so far there's been practically no no movement, no success on prosecuting any of these, COVID murder COVID murder protocols in the hospitals with them, Desivir, or, vaccine murders and injuries? So the two thousand so we can say the two thousand three, two thousand and five pre packed law, when that was put in, at that point, there wasn't an emergency. There wasn't a declared emergency.

And, I mean, I don't think there's been a health declared emergency since two thousand and three in the US except for COVID, has there? Not like yeah. Yeah. No. I don't think so.

So this publicist this this whole structure was used together on civilians for the first time in twenty twenty in in this mass scale. Although since then, they've announced numerous public health emergencies. So for example, a COVID public health emergency is still in force. There's Prep Act declaration for it until end of December twenty twenty four. And then they also have additional, public health emergencies for Marburg and Ebola in the US, and many other things like radiation exposure, some some other like, I think I think monkeypox.

I'm not totally a smallpox. Like, all these, you know, things that we don't have, but we have a public health emergency, which means that they're just buying these products from pharma companies and giving them this liability cover. In fact, they were so Emergent BioSolutions is a supplier so they're exclusive manufacturer of anthrax vaccine in the US, and they're horrible. Like, they've never been in compliance with anything. And, the their contract for COVID countermeasures so that con contract was signed in two thousand twelve, but it was signed for, like, Pan Influenza.

And then in twenty twenty, they switched they just changed Pan Influenza to COVID, but it's the same contract. So that contract specifically has a clause that says that, you know, we're we're selling this product to the US government. And if there is no current prep act declaration for this product, then whatever we have already shipped to the US government is not for human use. Right. That's that's Emergent BioSolutions saying that.

That's their contract. Yes. And Emergent BioSolutions also they were they are they were they were manufacturers, in the US for Johnson and Johnson vaccine and for AstraZeneca. That they were manufacturing. Wow.

Okay. Mhmm. So whatever they ship to UDS government without PrEP Act is not for human use. Okay. So they're demanding the Prep Act protection?

Yes. They're demanding the Prep Act protection because they they wanna make sure that nobody can hold them accountable. And, frankly, you know, people people say, you know, bad pharma, bad pharma.

Yes. Pharma is really, really bad.

But let me tell you this. US government goes to them and and tells them, oh, you know, I wanna buy these vaccines, you know, these these and they they specify what they want. And then the pharmacist, but, you know, I don't want to be blamed later because these things are going to be mandated on everyone. And they know for sure, actually well, I'll we'll talk about it later. So the farmers know for sure that vaccines kill people, and they should not be mandated because there are specific risk categories.

And this is before before COVID, before mRNA. So traditional vaccines also, everybody knows that it's not for everybody. I think it's for nobody, but at least if you believe into in vaccines, there are specific categories of people that should not be vaccinated. But US government goes to farmers and plans to, to force it on everyone through the mandates, then pharmacist, well, I need liability protection then. So they do so first set of law was under Reagan, this vaccine national vaccine, act in the eighty six.

Yeah. Gave them a bunch of liability protection, but this continues and they want more and more and more and more and more poisonous products and more on children's schedules. We have autism going through the roof. So government again goes to pharmacist. Well, we're gonna put this on the market.

The pharmacist, well, I need even more protection now, you know, because you're gonna throw me under the bus. Right? So that's how that's how we end up here. Yeah. That's yeah.

Do you want to pull up, just to further emphasize this point about the, EUA? Mhmm. There was a meeting I know you've got this slide, the Doren Fink slide. There was a meeting October twenty two in twenty twenty. Yeah.

Virbac meeting. And Doran is I think he's the deputy secretary what about a deputy director for the vaccines and related biological products advisory committee in the US FDA. Yes. Talk about what happened because he was asked asked a question. He he gives away in his answer what the proof of what you just said in the previous slide.

Yes. Exactly. So until I saw this testimony, so this finally kinda kinda clicked clicked all the pieces together, for me. So he was at FDA at the time. Now he's at Moderna.

Oh, just the IT too. You said there page two hundred and one of a four hundred and eight transcript. Yesterday, I went in and I got that transcript, and I checked. Because, obviously, what's happened here is Sasha's put together a nice nice slide. And actually, down the bottom left hand corner, that's the link to see the whole transcript.

I actually went through that whole transcript and I found this page and it's, you know, I'm just telling everybody what she's got there is what's on the transcript. So go ahead. Exactly. So so yeah. So, so he was asked, during this meeting, this is October twenty twenty, he's asked, are you you know, is is operation warp speed, are they going to use expand expanded access use pathway, that gray box that I was showing?

Right. Are they gonna use that to get on the market? And he says, no. We're not using that. We're switching to the emergency use as there is emergency use authorized countermeasure pathway because specifically, he says the expanded access use requires IRB and informed consent implying here that we don't want them.

That's why we're switching. Yeah. He actually says it. So among many other things, those regulations require use of an institutional review board, that's the IV, and obtaining informed consent from the recipients. Right?

Mhmm. Yeah. So he's saying that We don't want to do that. And we don't want that. And he says that further down.

I think he says, it's, that would add complexity. Yeah. That would add complexity. That would add complexity. So we don't wanna do that.

We're gonna do the emergency use. Right? Yeah. And when I read this, I was thinking about all the poor people that I had interviewed who are vaccine injured and the parents of loved ones who've died. And the first thing they always say is we were not given informed consent.

Yeah. No one had to give it to you. Look. Right. So so there is and and that's that's that's heartbreaking to me that people were fooled this way.

And as I said, this this scheme was designed to fool the professionals. It took me and Catherine over three years to finally unravel it to this level. You know? And, this is and this was designed to fool FDA staff, CDC staff, pharma staff. Of course, the management and see high high, senior management and the lawyers on both sides, they knew exactly what they were doing.

But people in key positions, even in in senior I know, some senior executives who were asking too many questions and got fired from one of these companies, And they didn't they didn't know this, but they were c level executives. You know? And and so they didn't know that this was going on. They didn't they they saw that they were, you know, heroes and working night and day and saving the world. You know, they was they were sold that story.

And this is so intricately designed that unless you read this law and unless you read the thousands of pages of documents that me and Catherine read, you're not gonna get this. You know? There's actually a really good, little video. I think it's on Catherine Watts' YouTube, account. I'm gonna put it in the description.

Right? The of you two talk together and unraveling this whole legal mess that and showing how you came to find out about the EUA. So if anyone wants to go right into the legal bits and pieces, it's in there. Mhmm. Now where is Doran Fink now?

You tell everybody where he is. He's he's at Moderna. Great. There's the revolving Yeah. So So No.

So that's so that's what they all used, and, they specifically switched. And then they talked about, the timeline, I think. Yeah. I think we might go what's really interesting, I think, is the Pfizer timeline. We

might go through that.

You've got that. That's that's a good picture, I think. Yeah. There's a few things about this that I find very interesting. So explain the part the pathway switch because you can see where it's switched.

Yeah. So, that's finally when they put this together, this timeline. And this was, similar for all the companies because all of them were in the separation warp speed together. So Pfizer opened their investigational new drug application, sometime in in, March or April, twenty twenty. And that's, as I said, you know, if you if manufacturer opens IND with FDA, they're declaring that they're on the investigational pathway, and they're going to comply with pharmaceutical law.

But as we know, as Doran Fink testified by October, they all switched to EUA. Now for Pfizer, I also know that they probably switched to EUA much earlier, around July twenty twenty, because that's when they started mass manufacturing their product. And, that came from the manufacturing documents that leaked from EMA that I read. They manufactured around thirty million doses between July and November twenty twenty, and that would have been illegal under IND. So if you are under IND, you cannot do mass manufacturing until you get full approval.

Yes. I can always point out something there too. Absolutely. It has to be fully approved before we start making it because to correct me if I'm wrong, because I had a bit of a look last night. Around July would have been when phase one, two finished, which is on a very small human sample trial.

I can't remember how many people maybe about hundred people, ton of people. Mhmm. Phase three launched at the end of July, which was the one that was supposed to be on forty thousand people, half placebo, half live. Right? So they started manufacturing the product to the formula that they have come up with, the one that they've chosen after they've only done a little trial on a hundred or two hundred humans, that is the product they rolled out.

The product they rolled out is not the product being phase three. Right? Mhmm. Because they had already picked they picked it. So what's wrong with yeah.

I mean, what the way testing I mean, I haven't worked in pharma, but I've worked in another area, IT. So the way it works with IT is when you do this phase three, the equivalent in IT, at the end, you do a go no go decision. Go no go whether you're going live, right? How is the end of phase three in the Pfizer trial a go no go decision when you've already made twenty five million doses of the formula that you had in July. Mhmm.

Premeditated, phase three was, you said it best, performance art. Yeah. It was a performance act. So so, also, in addition to that, their their phase three trial that started in July, and ran, you know, to November. And they were supposed to continue running it, but then they kind of got rid of the placebo group immediately, and that's it.

That ended it. So in that trial, there were, at least fourteen amendments to the protocol. The the protocol itself is, like, twelve hundred pages. And when I and I saw it, I was like, this is this is a joke. Because as

a clinical site manager, you're supposed to know the protocol.

You're supposed to follow the protocol. Who can, in their right mind, know an eleven hundred page protocol? In a normal normal pharmaceutical trial protocols, I mean, they may be a hundred pages, maybe up to, like, two hundred pages, not more. Because you don't want you don't want the massive complexity because that will create errors and mistakes. Now you have this eleven, twelve hundred page document, which has fourteen amendments.

So they changed things fourteen times, including about five or six times during that that thing. They they changed which drug they're testing, which formulation they're testing. So that was changed numerous times. So they're still modifying the formula a little bit. They were still modifying the formula, yet they're they they already started mass producing in July some formula that they picked already.

So the people who received their vaccinations in the US in December, January have gotten the old formulation that was decided in July. And that may decided in July. It was decided way before all of this started. I guarantee you. But okay.

So they decided in July. They started mass producing, and then they did this sham trial. It was sham trial because, you know, here I'm showing they switched to EUA. Once they switched to EUA, there is no clinical trial because you don't have informed consent and you don't have IRB. And you don't have the any any compliance with pharmaceutical law.

So it's not a clinical trial. It's just a drug party. Yeah. Okay. So It's it's it's and this this twenty five million doses too, as you said there, it's non GMP compliant.

It's non Non GMP compliant. Yeah. Practice compliant. That twenty five million doses for Pfizer is made with process two, which is with the bacterial plasmid. And that trial on phase three, in any case, is made with process one, which was the PCR method, synthetic method, no bacterial plasma.

So this is the other thing. I'm wondering, you know, who we don't even know how much testing they'd even done on the manufacturing method by July. Yeah. I don't think they did any. And, frankly, so that whole plasmid issue, I think, is is very, very important because so far, you know, what I'm aware, Kevin McKernan, tests and which were validated by independent labs worldwide.

Mhmm. But so far, as far as I know, every vial that he has tested, he found plasma DNA. And and, he wasn't the first person who found it. I was in touch with a German researcher in, in twenty twenty two, and she found DNA as well. She she didn't have, tools to characterize it like Kevin does, but she found a lot of DNA.

And then I calculated the based on, again, on the manufacturing documents, I calculated what was the difference, and it was, you know, hundred times over the limit, of how much DNA you can have. So the the pharmaceutical regulations prescribe certain level of DNA that acceptable in the vial. Yeah. I think it's, like, ten nanograms per dose. K.

And it was hundred hundreds of times over that limit. So what she found, and I was like, woah. That's a problem. I published on this as well. And then Kevin found it later.

And since then, every vial he tests, he finds plasma DNA. And I think because, you know, we talked about RNA, how fragile and unstable and they can't make it. I think, actually, RNA is more like a red herring in this whole scenario. What they really want is they want to inject people with DNA plasmids. And that's that's why.

And that's why we find them all the time. But but why do you think they want to inject people with DNA plasmids? Because these are known transfectants. Yeah. So the DNA a plasmid DNA is an animal vaccine.

They use it in fish primarily, but in some other animals as well. This is the they've been approved for fish farming since two thousand five. And they're known transfectans. I reviewed also a a lot of animal vaccines as well, the genetic ones, and I'm working with a number of groups on that. So the the the fish ones, there are several studies showing that not only it transfects the cells, it also stays in the fish for over a year.

Pretty much lifetime for their harvesting. And that's why I tell people don't eat farmed fish. But they they know that that's a transfectant. It's and it's also used in in, laboratory animals to create new, new breeds for lab for various, like, disease conditions and various purposes for lab research. So create all these, you know, different types of mice and rats.

They use that as well. So they know that that transfects the cells and it, well, I don't like the the term alters genome. I I just I use the term damages genome. So they just damage genome with this of variety of cells, and then they can, you know, experiment on these animals or whatever. But because of this knowledge, I think they knew that if they came to the market and said, oh, we we have this DNA plasmid based vaccine, everybody would balk, especially the the professionals.

Professionals would be like, woah. Hold hold on. We're not going there. Right? Because you're gonna transfect everybody.

So I think that's their clever method of transpecting everyone by telling them this nice story about RNA, but which they can't make. Right. But the objective of transacting everybody is to make everybody sick? To to injure? It's to it's to injure people in a variety of ways because you don't control where this, substance goes in the body, and we know it goes all over the place based on distribution studies.

Yeah. But it's not controllable. So, like, on average, it will go to all these organs in these proportions, but for you specifically, we don't know. And it will depend on variety of factors. So this creates this huge variability of, whether somebody gets adverse events, doesn't get adverse events, what kinds of adverse events.

Do they die immediately or do they die later on, you know, from cancer, which is everybody's observe I have a friend right now who's dying from cancer because of this. But that's, like, about two years later.

Okay? So that that's that creates their deny plausible deniability. They continue gaslighting people and telling them, oh, it's because you had COVID.

Do you have all these things? And, and continue injecting them. And this is just a numbers game. It's like a Russian roulette. So they figured out, for example so another another thing was they wanted to sterilize people.

This goes into the ovaries and into testes. And they specifically in Moderna's, case, the government required them to do five dose studies on rats because I believe they they think that on average, five doses is what you need to sterilize somebody fully, and that's what they were testing. So that so and then and then the government also, like, ordered about ten dose ten doses per person in terms of volume, so they were planning to inject people ten times. Okay. I was gonna ask you this question at the end, but, I mean, I think what you're telling me, and I and I'm from reading Catherine's documents, I think this is what Catherine thinks too.

There's an intent to hurt the population. There's a very clear intent. There's clear intent intent to harm people. And, yes, as I said, to kill and sterilize and, cause a variety of injury that then they can capitalize on. So, you know, like, now they're telling, oh, we're going to make cancer vaccines.

Oh, we you know? So so that's that's they're making the market for them, and at the same time, they're, injuring and killing off people, and that's that's their plan. Right. Well, you can see there's a malicious intent here because of this, these I think the laws, the first the work that Catherine did and you did to find out about the law change, you can see there's an intent a premeditated intent to set up for this EUA. So so if we finish with this page, I think maybe you've got this other page that's really important.

Yeah. So I just just to finish up because I I got the so the important part also here, in addition, that's they switched, then they completed the the studies, the clinical trials as drug parties. They're not clinical trials. Then FDA issued full approval. So everybody says they're fully approved because FDA issued BLA in August of twenty twenty one.

But that BLA, references these two studies that were drug parties. They were not clinical trials. So the BLA is fake. It's illegal, and FDA is certifying the fraud. That's why, by the way, they know it, and that's why they left two versions.

So the in the US, they only shipped EUA. They never shipped Comirnaty. Comirnaty was never available in the US. So they just to explain to everybody, because I think I remember going through this with Mary Holland. There's two different names for these products.

Right? The Comenity is the one with the full, in theory, with the full approval, And the other one is called BioNTech. I BioNTech. Yeah. BioNTech COVID vaccine.

So there that's the EUA version. Yeah. That yeah. And everyone is getting the BioNTech product in the arm, and no one's getting the commonerdi. Mhmm.

Yep. Exactly. So because because FDA knew that this is a fake, and they needed this fake to fool everyone and go promote it as a fully approved and push it under mandates because they couldn't mandate EUA version. But they pushed they they needed this to create the mandates. And as I as I'm saying, it's based on two noninvestigational studies, which is illegal.

You cannot do a b l a BLA based on noninvestigational. Is what? Maybe the phase one, two trial? Phase one. Yeah.

Mhmm. Okay. They're the formal names of the clinical trials, NCT. Right? Yes.

Okay. Uh-huh. Got you. Yeah. So this was another fools foolish another exercise to fool the public.

Yep. So and then you had another question. Well yeah. No. The only thing I was gonna talk about next was that you've got a slide about good manufacturing practice.

You know how we discussed how that was just so important. You've got something that you found where there's the proof that they that they can have an adulterated or misbranded product under the Oh, yes. Manufacturing practice? Ah, yes. So this is, yeah, citation straight from the US law.

Yeah. And as you can see, they, for EUA countermeasures under public health emergency so as long as the PREP Act remains in force. That's why they've extended it so many times. As long as the PrEP Act is in place, these things are, shall not be the delterated tomos branded. So there is no enforcement of good clinical practices.

That's why regardless of what what is found, what adverse events, how we find all this, you know, DNA plasmids, and we found all this documentation that the process one and process two and batch variability. None of this matters because by law, no matter what, these products are not considered adulterated or misbranded. Right. And that's that's where we are right now. And so, again, like, people also people that trying to sue, based on the manufacturing defect or or even false claims act.

You know, Brooke Jackson's case was extremely important for all of this to uncover all this illegality, but I, you know, I doubt that they will succeed in their trial ultimately. It's been it's gone on for a while, and we've that's how we got Pfizer contract. And most recently, Pfizer actually pointed to this law in their defense and said, well, you know, we did nothing wrong. You know? So the it remains to be seen how that's going to transpire, but it's been extremely useful, as I said, to confirm everything that I'm saying that, you know, I'm not a crazy person, but I'm pointing to the US law.

And, you know, there's no way to remove these products from the market based on enforcement of cGMP or enforcement of, safety and stuff like that. Yeah. I mean, I think the only loophole there's possibly a loophole here in Australia that one of our lawyers is going after because the, there's a rule in Australia that you have to declare your product, GMO, if it's got any genetic, material in it. And, the placement DNA in the vials now makes it possible for us because Pfizer never declared their product as a GMO, AstraZeneca did. The Pfizer Oh, they did.

But they've got with we Julian Fidge, the lawyer possibly has them on that technicality. Mhmm. Declared the Pfizer product as a GMO. So maybe, you know, and I, I'm not quite sure I understand in Australia, because I've only started studying your law, your legal material in the last two days. I'm not sure where we sit in Australia.

We because we don't have an e way. We have a provisional authorization. Uh-huh. Yeah. There may be it may it may be possible to to try to force to, like, try to push them to enforce, the GMO law or conditional like, in Europe also, technically, you could go after them for these, you know, breaching these conditions.

The problem they're having, though, is, you know, the regulator is it's always the the regulator is supposed to find them in breach and do enforcement action, but the regulator is obviously in cahoots. Yeah. And so Our regulators, no good. So our that lawyer can't find an Australian lab that will test the Pfizer vials for plasma DNA. So he has to send them to the U S yeah, I lab in Australia will do it.

So it's just a disgrace. But now that you've brought up the book Jackson case, Warner Mendenhall, who's her lawyer, I'll just give people a little bit of background if they haven't seen our videos or any other videos on it. Pfizer filed a motion to dismiss, Bill Jackson's case, and I think I'm losing track of time, but it's at least a year ago, maybe more. And in their motion to dismiss, that's when the good stuff was revealed and you saw it. They claimed that the contract was with the US Department of Defense and that they only committed to produce a prototype.

So one of us so shocked And, you know, this is where you first find this. So so why don't you tell us what you know about the department of defenses involved in all this? Because all we ever hear hear with respect to the US is we hear about health and human services. And we used to hear about I Alex Aizar, who was the head in twenty twenty under Trump. And then now we hear about this Bakara, Xavier Bakara, who's the head now under under president Biden.

So all we hear about is the HHS, but in the background, the Department of Defense Yeah. Is heavily involved. So why don't you tell everybody what what their involvement is? Yeah. So, actually hold on.

I'll put the light on because of the sunset. Sunset. Sorry. A beautiful painting at the back there. Is that is that you who painted that?

Yeah. Wow. That's stunning. Look at that. Yes.

A little bit. Your hobby. Yeah. Yeah. It is a beautiful painting.

The so the Department of Defense, what is their involvement? Yeah. So so yeah. So exactly. So We we knew this was advertised as a collaboration between HHS and Department of Defense, and it was positioned to the public as, oh, it's because of the Department of Defense logistics capability.

You know? But we learned through this process and in addition through Brooke Jackson's case that it wasn't just logistics, that the Department of Defense was totally in charge of, Operation Warp Speed. And, so the Brooke Jackson's, in that first motion to dismiss, Pfizer brought up this contract, and that

was kind of eye opening for everyone because, essentially, what they were claiming is we did not commit fraud. We delivered the fraud that the government ordered, which is a prototype, a demonstration, which is fraud. And, you know, so that was kinda like a moment.

We read that contract, and I reviewed their contracts, Moderna contracts. And then since then, there were, hundreds of contracts, as I said, became available. They're all from Department of Defense. So Department of Defense gave them billions and billions of dollars. About, I I would say so Pfizer received ten billion total, but they only received something like eight and maybe more now.

And there were, you know, these these contract awards were just ginormous to two billion, three billion, you know, Pfizer, ten billion, other companies. So that in total, they spent something like fifty billion, just huge amounts of money. So the checks, I will from the Department of Defense, they don't come from the HHS. It's all from department. So the money came all from Department of Defense.

Now just for the for reference, entire pharmaceutical industry in the US spends about hundred billion on r and d a year. So fifty billion, you know, they bought the entire industry. That's why nobody will testify. Nobody will say anything. Nobody will you know?

You can't find a lab to do a test. So, and so all of that came from DOD. Now the organizational chart of operational speed has explicitly DOD at the top as a chief operating officer and HHS only is a senior adviser. And, the chief operating officer specifically was general Perna, four star general, at the time. And two thirds of the leadership of operation Warp Speed were all military, and most of them without house experience at all.

So again, command and control, military operation. Also, United States organized themselves, the government organized themselves, as if they were responding to a war right away. So just in, you know, January, February of twenty twenty, they put National Security Council in charge of COVID policy. And National Security Council is a body advisory body to the president, and it includes chiefs of chief of staff for for, you know, the entire military, intelligence, the vice president, secretary of state. It doesn't include health.

So, again, they organize themselves for war. They put Department of Defense in charge of all of this. Then they tell all of us it's just it's a virus that evolved from a bat. And if you dare to say something otherwise, you get kicked off Twitter, and you get suppressed, and you get, you know, shut down. Your account gets shut down on Facebook and so forth.

So, actually, tomorrow, I'm going to publish a a leaked audio, which finally kind of confirms now in their own words that Department of Defense was in charge. So I have a leaked, video, but I'm going to, publish on the audio portion just to protect the whistleblowers. And this is from one of the large pharma companies, and they are discussing this phone call that they received from DOD on February fourth twenty twenty. So, you know, people can subscribe to my Substack, and and see that for themselves. And in and in that phone call so so this pharma company received a phone call from the DOD in February four twenty twenty.

Mhmm. And that phone call, though, was to tell them, getting ready to make a vaccine or something? Or where Yeah. So so, importantly, it was yes. So so it was so they already had a relationship with DOD, this program, pandemic pandemic preparedness program, p three, which was started in two thousand seventeen, and they discussed this.

So the program was started in two thousand seventeen. There's a consortium of pharma of which this company is one. It's a large pharma. You know, you everyone knows them. Right.

And, and so they are working on this consortium on Paninfluenza, as as all these contracts were written with DOD. And then on February fourth twenty twenty, DOD calls them and says, now switch over to COVID. COVID has been characterized as national security threat. Right. Why were they working?

What was this pan this this is something I didn't understand. You mentioned it before. This pan influenza thing, what was that? So these companies were working on pan influenza. They were working on a special vaccine for pan influenza.

When you say pan influenza, that's more different from the normal influenza we get every year. This is more pandemic. It's pandemic. Were yeah. They were kind of calling it pan influenza, similar to what they're doing right now with disease x, like a placeholder.

You know? A placeholder. Yeah. And and this this program started in two thousand seventeen. Sasha, I can understand how a pharma company gets ready for a disease that isn't characterized.

How do you put a vaccine for a disease you haven't told what it is, what virus it is, what it what bacteria it is, nothing? Yeah. And, actually, they they kind of they kind of self aware. They kinda discussed it that way on the phone call on this on this meeting, that they were like, well, at that time when they, you know, proposed us this this part, the DOD DOD approached them and proposed that in two thousand seventeen, they they themselves, the pharma people are saying, well, we thought it was a little bit like a sci fi. Well, because it is.

Would they Had they been told that it needed to be an mRNA vaccine maybe for this pan influenza? So they were starting to get tell those companies get ready to develop mRNA capability and Yes. Specifically well, so then they they don't say it on the on the call, but the meeting is about these mRNA in general, these these platforms, these genetic platforms. The platforms. So So they they started working on them in two thousand seventeen, these DNA, mRNA genetic generally speaking, genetic platforms.

And they make vaccines with them, but they also make antibodies with them. So it's it's the same pro it's a similar process. The monoclonal antibodies. That's Monoclonal antibodies. Yeah.

Right. So all this so so this this whole manufacturing base, as I was saying to people all alone, it was set up way back. You you can't set up something like this in two weeks like they were pretending. Or in other in other be a story they sold to everyone. Right?

You can't do this. You can't even negotiate these contracts in this time. So so I was telling everyone this was set up way back way back, and now we have confirmation. Yeah. They started, you know, they started working on this and setting up this manufacturing base in two thousand seventeen.

And then they just said, oh, now switch to COVID. Right. So the LMP, like, I mean, I've done a quite a lot of reading about the guy from Acutis who made the lipid nanoparticle because that wasn't easy. Mhmm. And he talks about the fact that he was approached very early in twenty twenty to make the final lipid nanoparticle that they needed.

But I I expect that, you know, things are obviously in place, so we're looking at the LMP. You know, when you're talking to me about two thousand seventeen and about pan influenza, the only thing I can remember is that meeting that I saw doctor Fauci on with a bunch of other people talking about coming influenza pandemics, which I think was around that time and how that Oh, yeah. That was the I think that was two thousand eighteen. It's him and Rick Bright talking about Yeah. In milk institute.

Yeah. Uh-huh. That's it. The milk institute. That's it.

And I'm just thinking of that while you're talking. I'm thinking he already knew that this pharma consortium was on the go. The mRNA, they're experimenting with it, but he was being a bit obtuse on the milk institute stage saying we need to look to the future. We need to look at other platforms. Mhmm.

But I can kind of tell by looking at his face, you're not telling the whole story. Yeah. Oh, he he knew. All of this was already in place. They were working on this.

It It's a it was a specific program inside DOD. It's called p it was called p three Right. Pandemic preparedness program. Person in charge also discussed in this phone call from pharma the that I'm or not phone call, the the, audio from pharma that I'm going to put out. So the person in charge of that p three is colonel Matt Hepburn, and I also published about him before.

So he's kind of the mastermind of this piece, which is interesting to me. So so they it's these organizations, they always hide who is who is important, who is not. And oftentimes, the titles don't tell you anything. So, you know, he's not a general. He's a colonel.

But he's in charge of this thing, and he's clearly driving this consortium. And he also did a bunch of TED talks. So I I published on my Substack on his TED talk discussing this p three stuff. Like, oh, you know, we're going to predict the future. We can predict every virus, and, you know, we're going to protect everyone.

We'll make these vaccines in hours. You know? Oh, wow. Okay. So I think that's, the DOD.

You're probably the only person that I've interviewed who's been able to give me a reason as to why the US FDA, the NIH, everybody in the US will not investigate these contamination of these vaccines. Mhmm. Right? Yep. Because you've been able to explain that these laws were set up to allow them to produce these products this way.

So the big question though is who, in your opinion, who or what is behind the release of the virus? Because I'm gonna assume that you also believe the virus was deliberately released and the release of these injections. Mhmm. Yeah. I I think it's it's, both are being done by the US DOD.

So I think the US DOD and then not entirely the DOD. It's it's a specific group. So there is a group, DTRA, DARPA, BARDA, those groups. And, you know, there's military intelligence. They they are the there are more groups focused on this bio weapons, essentially.

So they're they've been working in biological weapons and chemical weapons since the sixth since well, actually, since the Second World War. Then in the sixties, they became internationally prohibited. So instead of you know, getting getting rid of those programs, they funded them ten times and hundred times more and moved them into academia and into biomedicine and bioresearch. And at the same time, you know, started growing internal military, bio bioresearch facilities and contracting a whole bunch of stuff to farmers and academia. So now we have this gigantic biodefense, they call it biodefense consortium, but all they're doing is working on bioweapons in forms of vaccines, injectables, and all kinds of different other formulations, which they call viruses.

Now they're not viruses as people think of them. You know, I'm I'm agnostic as to whether you want to believe viruses exist or not naturally. But what these people make in the lab is definitely not a virus. It's a chemical molecule. Mhmm.

They blow gigantic size chemical molecules and call them biologics. They are not precise. They're not what they say they are because most of this molecular biology stuff is like me, you know, taking a hunk of marble, approximately size and weight of Michelangelo David and saying that that's Michelangelo David because putting together nucleic acids and making these large, large molecules and may have these potentially have these, you know, pieces that may be more toxic and maybe there are more fewer of those pieces that that are toxic. So when you inhale it or you ingest it or you inject it, you get toxicities. And so that's the and and then they deploy them, and then they call them, oh, it's a viral outbreak.

Because you can't you know, if you're caught deploying bioweapons, that's a big deal, an international scandal. But if you declare this is a natural outbreak from a wet market, that's totally fine. Yeah. So that's what that's what's going on. So they they did they they made both Yeah.

Probably with a consortium of international contractors. Probably Wuhan was involved in a bunch of other places too, and for Dietrich. And together, team effort, They deployed them in numerous locations. And actually, I also published on this on how to fake pandemics. It's a multiseries article that I'm publishing.

So there's a there's a talk. There's this person called James Giordano. I don't know if you've seen his videos. He's he pretends to be neuroscientist. He's a DOD person, and, basically, he's a showman.

So he goes and does these lectures for cadets and, you know, in various forums, and they're on YouTube. And, in one of these lectures, he described how they fake pandemics like this. So they say we deploy a

chemical, a drug. Typically, we like CNS effects, central nervous system effects, because it freaks people out. Mhmm.

And it freaks people out, like, you lose your taste and smell and it's very weird. You have brain fog. And then they call it novel virus. And they distribute it in several locations. They call it sentinel cases.

So the initial cases may be worse than, you know, the ultimate deployment. Mhmm. But they will make them worse so that people freak out, doctors freak out. There's a whole bunch of news stories. They create this, they also plant a bunch of news stories themselves.

They create panic, and then they call it an epidemic or pandemic. So do you think that this compound, because I still feel that I'm seeing, some kind of transference of illness from one person to the next. So this this drug, whatever it is, even if you don't wanna call it a virus, it's transmittable from human to human. Yeah. And many drugs are.

Great. Many drugs are. Yeah. Yeah. There are a bunch of drugs that, like, for example, there are there's, androgen that is transmissible.

So if you if you're it's prescribed to men and it has huge number of precautions of like, do not get like your wife or your female children exposed to it. And it's very, very cause it's transmissible. Right. And a lot of drugs also shed. So for example, these mRNA products in the ones that did get approved, they do shed.

So people expel and if you're poisoned with some toxin, a nerve agent or something, you're gonna your system is gonna start getting rid of it and expelling it. And you're gonna so what's interesting is people who have, vulnerable microbiome, and this has been demonstrated by Sabine Hassan. I know you you know her. Right? So people who have vulnerable microbiome will get COVID because they will get, these shed shed toxins or plasmids or whatever into their microbiome and get COVID.

You know? And people who have healthy microbiome in the same household don't get COVID. That's right. Yeah. She found that.

Mhmm. So well, that's interesting. The other news thing that I wanted to, go through was, I don't think we've discussed this yet. The story about the, the large vats, the lipid floating to the top. So this this good manufacturing practice was so rushed.

The manufacturing was so rushed. There was no GMP, that what you described was that when they're in the plant and they've now added the lipid to the mRNA, so the mRNA is encased through in the lipid bubbles, and it's all in a big vat. And then they have to put all of that material very quickly at the bottom into the little vials to go out the door. Right? So you explained explained what you know about how the lipid floats to the top and how impossible this Yeah.

It's it's one it was one of the, series that we had of why there would be so such huge variability. And we also saw that, you know, we we could measure variability on the batch level, but we don't have data for the vile level. Right? So we were thinking that, actually, between the batches, what we found is when

they're sent to different states in the US, like, one one toxic batch that we know very toxic gets split and sent to thirty states or forty states. And you look at each individual state and some states, it's totally benign.

You know? And we were like, we can't understand. So I think this is one of the things we we think that the variability on the vial to vial basis is enormous because they can't consistently fill them because the lipid and and mRNA and they were making such huge batches, that, you know, it's very, very common for it to separate. And the filling process is from the bottom. So first, vials will get filled with almost nothing, and then they get really toxic stuff.

So that's another version of how this could go bad. Yeah. Well, and it just goes to show how what an absolute failure the manufacturing process is of this. So and just to add further, because the first question everyone always says, and I know doctor Drew asked this, but I already knew the answer. You can't stir this thing aggressively because the mRNA is fragile.

Yeah. The it breaks. It breaks anyway, and and you can't stir it. And then also the lipid lipid particles can break and start, agglomerating together. It's just it's a mess.

Those vets, how many vials do you know off top of your head one of those vats, how many vials that would fill? The vial ends up having point four five mils in it. Yeah. So so, yeah, we looked at that. I looked at Pfizer data specifically.

Yeah. And so I know they started from batch size of around hundred and fifty thousand vials. And then, by end of twenty twenty two, they were producing they were claiming twelve million twelve million, sorry, doses. Twelve million doses. So it's a hundred and fifty thousand doses to twelve million doses in, at the end of, twenty twenty two.

And twelve million doses translates to, nine hundred liters of mRNA, which is another science fiction. It's not a one batch. So one batch is supposed to be one single production run from beginning to end. I talked to people who are familiar with making a marinade. They said there's no way in the world they're making nine hundred liters at once because even chemical reactions are completely different if you if you're talking, you know, microgram scale to this kind of liter scale.

Yeah. And the chemical reactions will cease and and they were actually in the manufacturing documents, they were saying that they they had problems with failing the chemical, reaction stopped or seized at about thirty seven liters. So like nine hundred liters you're telling me now they're making. So people were saying, well, they're just mixing a whole bunch of batches too. So they're just throwing together.

Yeah. So it's not one one It's not one production run. Yeah. It's it's not one run. It's not one vet.

It's many vets in that day or maybe that week at that one venue. Right? Yeah. Yeah. Yeah.

Yeah. That's what I always thought. So that's multiple production rounds, and that's another another explanation why there is so much variability because within a batch, you know? Yeah. Right.

So so I think people get it right. So you can't aggressively stir this thing with a machine because it it's fragile. The lipids all float to the top, so we've got variability in the amount of lipid particle per vial. And, of course, RNA, remember, is inside the LNP. So you've got a variability between how much vaccine you're getting between the different vials.

So here's the second complication. That's, that's not bad enough. Then you, this file gets shipped to say my country from America, the Pfizer vial. And when it gets into the little doctor surgery, it's, zero point four five mils that they've gotta then dilute out to, two point two five mils to make enough product for six people in one dispenser. Right?

And everyone gets one six. So the first person comes in, they get one six. Then the next person comes in, they get the next six. And you work your way through to that little dispenser. Right?

But you can't do you know what the instructions say at the TGA? I've got it right in front of me. Yeah. I can't shake it. Yeah.

Shake the bar. Uh-huh. Yeah. No. Do you get that six part?

Now you I don't know when this is outside what you the work you used to do. But Mhmm. Can you explain to me the sense or the why anyone would do a multidose file for something like this? Why isn't it a single dose file? It's it's another it's another layer of, I think, intent.

No. To me, this is intent, because you exactly. You wouldn't. And, actually, what that what what you've described, like, preparation of the final what these people in dispensary are involved in is a final manufacturing step. So they're making the final single dose as dispensed to the patient.

Yeah. Again, pharmaceutical regulations regulate everything from raw material to the final single product as yeah, as it dispensed to the patient. So it's it's your pillbox, like the, you know, container of pills of injection, single, not multiple. So that's another violation of cGMP. Many many of us talked about is that final step that they made people manually, you know, prepare this.

It's like it's like, you know, I was telling, you know, like, drug dealers are cutting cocaine in the basement. And and I I guarantee you that the drug dealers are more precise than this. This is crazy. Yeah. So they they they can't shake the vial.

They might turn it maybe and then leave it on the bench. And then someone goes in and then you have a conversation and then what you do? Do you turn it? And then, I mean, I, my, my mind's going crazy. And then, so this is Pfizer six part dial vial.

Mhmm. And then Moderna was a ten part. Yeah. It's even worse. It's even worse.

And Pfizer also in the middle of this. They labeled it. So first, they were labeled for five doses. And next, in a few months, they said, oh, it's six doses, but nothing changed. The same the same point four five milliliters, the same instructions.

So which is it? Is it five doses or six doses? It was ah, who cares? We just we just pay ourselves bonus because we're shipping the same thing, but we're getting twenty percent more. You know?

And then, I mean, I know I know this falls under the the sort of stuff that you are well aware of with all your regulations, experience, but the other issue, of course, was the whole business with Pfizer with having it frozen. Right? So it comes to get frozen at a certain temperature, very, very cold. Then you gotta thaw it a bit, so then you can mix it from that point four five to the two point two five for your dispenser. But here's the trick in Australia, right?

They gave as far as they gave Australia these expiry dates, I think it was, might've been twelve months, might've been six months. I can't remember what it was from when it arrived or from when sorry, from when it was manufactured in Germany or in America. But in Australia, when they didn't use up the product, they extended the expiry date six months, twelve months. Now here's the bit that will make your hair curl, right? Because our government refused to monitor adverse events, they happily extended the expiry date on our worst batches.

Mhmm. And kept injecting Australians with a batch that they knew was causing more adverse events than others. That's that's intent. Okay? And that's what I keep telling people.

You these actions, you know, the suppression of data, ignoring the data, not enforcing, doing this, all these actions of the regulators tell you it's intentional by the government. The government wants you dead. Okay. And I know it's hard for people to to accept and it's hard for people to think that way, but you have to think that way because your survival depends on it. You know, and, you know, that's that's that's my message.

All of this indicates intent and it's it's now considered premeditated murder because they had four years or three years to think about it, and they don't change their mind. Exactly. There's your evidence. They can see what's happening, and they're not changing their mind. So that it leaves us with no other all the evidence you've given me and everything else I've seen, I've got no other choice but to believe it.

And, it's been so fantastic to have you on. It really has been. And my goodness, you can paint that. I wish you had time to paint. Everyone's looking in the top left hand corner.

I'm putting the wrong I'm pointing the wrong direction, but it's a great painting. So, thank you so much, and we'd love to talk to you again another time. I'm sure there'll be more material. And I'm very much looking forward to this audio and hopefully a video of this DOD conversation that you talked about. Yes.

And I'll I'll put the link to your substate in my description. And Thank you. Good luck with everything. Thank you, Elizabeth. It was great discussion.

Thank you very much. Bye bye.